

| POSITION                  | INITIALS | ID NO | DATE    |
|---------------------------|----------|-------|---------|
| FEE DETERMINATION         |          |       |         |
| O.I.P.E. CLASSIFIER       |          | 10    | 2/12    |
| FORMALITY REVIEW          | NK       | 589   | 2/27/01 |
| RESPONSE FORMALITY REVIEW |          |       |         |
|                           |          |       |         |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy